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CONFIRMATION NO. 7114

Bib Data Sheet

SERIAL NUMBER 10/607,850	FILING DATE 06/27/2003 RULE	CLASS 174	GROUP ART UNIT 2831	ATTORNEY DOCKET NO. 3524										
APPLICANTS Edward L. O'Neill, Oakland, CA;														
** CONTINUING DATA *****														
** FOREIGN APPLICATIONS *****														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/22/2003														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY CA </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 4 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 6 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Verified and Acknowledged Examiner's Signature <u>LEO</u> Initials </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3	Verified and Acknowledged Examiner's Signature <u>LEO</u> Initials				
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Verified and Acknowledged Examiner's Signature <u>LEO</u> Initials														
ADDRESS Niro, Scavone, Haller & Niro Suite 4600 181 W. Madison Chicago , IL 60602														
TITLE Appliance mounting apparatus														
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____					
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